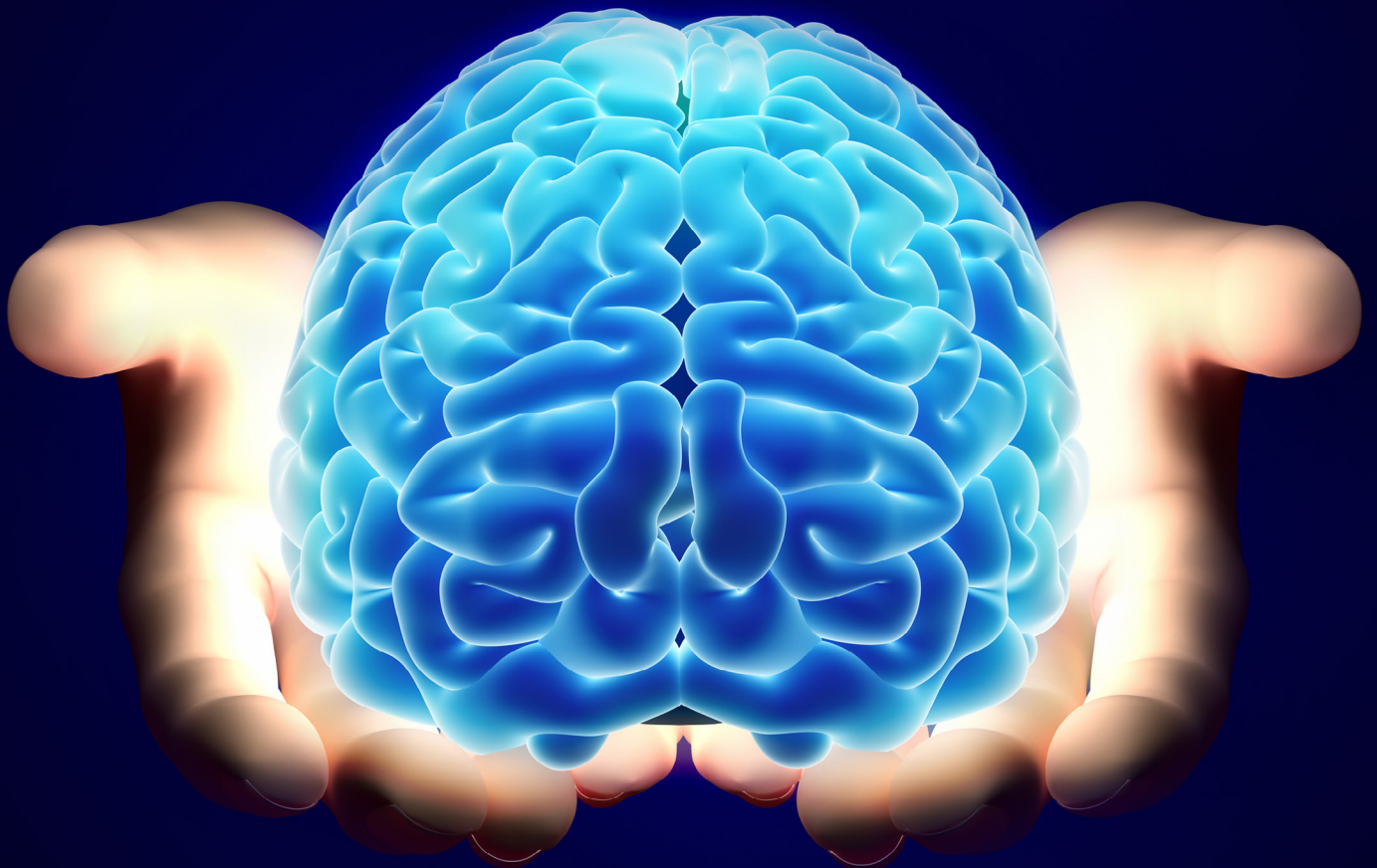


Better Brain Health

**HOW GPs AND CARE PROVIDERS CAN
HELP SENIOR AUSTRALIANS**



Introduction

Should you routinely prescribe exercise? Can people with dementia learn new skills? Does a focus on vascular health benefit brain health? **Associate Professor David Burke**, Director of Older People's Mental Health Services at St Vincent's Hospital Sydney, shares his thoughts on how GPs and other providers of primary care can help senior Australians to live better.



NEVER TOO LATE

Regardless of whether people are 50 or 90, there is evidence that they can [continue developing new brain cells](#) until the day they die. Cognitive stimulation is not just improving people's brains in the same way as exercise builds muscle. It is growing new brain cells.

Even people with dementia can derive cognitive benefit from being challenged and can learn new things.

Years ago, we were taught that it was a waste of time trying to teach somebody with dementia something new, like using new technology. We now know that's not the case. Probably the best thing we can do is to challenge them, stimulate brain connections, and thereby improve their cognition.

It is also well known that stimulating preserved memories through personally relevant conversations, activities, pictures, movies, and music promotes wellbeing among people with dementia. It's known broadly as reminiscence therapy, and it's another type of challenge.

The experience of reminiscing and discussing memories usually involves conversation, and conversation requires that your brain takes in information, making new connections, and processing and managing a novel situation.

This novelty is good for brain health, and the activity also promotes social connectedness and wellbeing.

NON-PHARMACOLOGICAL PRESCRIBING

One of the most exciting things about being involved in aged care now is the knowledge that the prevention or treatment of vascular risk factors, which are risk factors for cognitive impairment and depression, can make a difference to mental wellbeing.

We now know it can make a difference if someone starts exercising at 80 years of age, or if a 70-year-old reduces their alcohol intake.

It's never too late. Many patients struggle at first, but it's important to take a very slow, deliberate, achievable approach; and every little bit of improvement will make a difference.

We should all be prescribing exercise.

Another exciting area is [social prescribing](#), which enables doctors and allied health professionals to refer patients to community services that can help with a range of non-medical issues, including connectedness.

A leader in this is the UK Government, which has described social isolation as one of the most significant public health challenges of our time and has appointed a [Minister For Loneliness](#).

WHY I TRY NOT TO WRITE PRESCRIPTIONS

When I see an outpatient, I don't take over their care. I write to their referring GP with my observations and recommendations, including suggested investigations and medications, and I am always available in the background if needed.

As a result of that approach, GP referrals to my service have evolved over the years.

Fifteen years ago, a GP might have required me to initiate treatment for depression. Now, the same GP writes to me and says, for example:

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I have seen Mrs Smith with depression. She doesn't have thyroid disease, vitamin deficiency or changes in her calcium. Her cardiovascular health is good and she is exercising regularly. Despite this, she remains depressed, so I started her on an anti-depressant and I have increased the dose (as you advised with previous patients), but we have run into some side-effects and I am not sure what to do next.

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In other words, my referrals have become increasingly more complex. This is why psychiatrists are there: we are supposed to be the resource GPs turn to at 'the harder end' of mental illness.

Of course, I do write prescriptions occasionally – but it would be the exception rather than the rule.

ANTI-PSYCHOTIC MEDICATION

It is pleasing that the prescription of antipsychotic medication for behavioural problems in dementia is decreasing.

In managing behavioural issues associated with dementia, it's important to make medication the exception and to make decisions on a case-by-case basis in the interests of the patient's wellbeing and safety.

These are a few questions to consider before writing a prescription:

- Have I exhausted all psychological and social measures?
- Is the prescription for the patient's benefit?
- Am I being influenced by a desire to provide comfort to the nursing home staff and the patient's family?

REASON FOR OPTIMISM

Although the number of cases of dementia is likely to rise as the population ages, epidemiological studies coming out of the Scandinavian countries, Europe, the UK and the US indicate the predicted tsunami of dementia is not as expected.

This is probably because of improving cardiovascular health on a population level.

In March this year, Harvard epidemiologists Professors Albert Hofman and Stephen Kay presented [preliminary data](#) from a study involving 59,000 people that suggests the incidence rate of dementia in Europe and North America has declined by about 15 per cent per decade for the past 30 years.

It is possible that we are starting to experience the benefit of controlling people's cholesterol and blood pressure and encouraging them to stop smoking, eat well and exercise regularly.

The knock-on from this is that there has been an improvement in people's brain health, specifically in relation to cognition.

Key takeaways and Conclusion

HERE ARE THREE KEY TAKEAWAYS TO REMEMBER:

- What's good for vascular health is good for brain health, and vice-versa.
- We can continue to make new brain cells until the day we die.
- It is possible to promote wellbeing among people with dementia by engaging them in new experiences and stimulating preserved memories.

There is absolutely no reason for us to be negative about people as they get older.

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Anybody, no matter how old, no matter how diseased, including brain disease, can benefit from positive advice, thoughtful engagement and treatment, including non-pharmacological prescriptions such as exercise.

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About Catholic Healthcare

Catholic Healthcare is a leading provider of quality aged care with over 25 years experience, so you know your patients are in trusted hands.

We understand the challenges you face when directing your patients to appropriate support services. We are here to help, whether it be to support your patients continue to live independently at home or if the need arises, support them to consider Residential Aged Care.

Our Home Care services include: day to day living, meal preparation, housekeeping, personal care, pet care, transport and shopping, home and garden maintenance, specialist clinical care, health and wellness programs, connecting with community, companionship, technology to stay connected and pastoral and spiritual care.

Our homes also provide respite or permanent care for seniors with dementia, mental health and palliative care needs.

We have access to a large network of specialist healthcare professionals to ensure your patients receive optimal care. Personalised access to allied health professionals includes physiotherapists, podiatrists and dietitians. Pastoral care is also an integral part of our services which focus on healing, reconciling and sustaining the soul in times of loss or grief, and during difficult times.

We use quality, seasonal ingredients and work with local providers to provide wholesome, fresh meals daily. Our onsite chefs prepare meals with a focus on simplicity and flavour, based on advice from nutritionists and consultation with residents.

All of our services offer a diverse and stimulating selection of lifestyle activities. Through social and meaningful activities such as art classes, group exercise, entertainers and outings, we foster creative and vibrant communities. Activities also ensure residents keep in touch with family and friends, and stay connected with their local community.



Contact us:

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